

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

Page 1 of 3 Pages

<input type="checkbox"/> Juvenile	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Gang	<input type="checkbox"/> Elderly Abuse / Exploitation
<input type="checkbox"/> Domestic Violence	VOR _____
<input type="checkbox"/> Endangered / Other	_____

Agency ORI Number
FL0640000

Agency Report Number
130012483

Reported: Day Wednesday	Date 05-08-2013	Time (mil.) 0036	Time Dispatched (mil.) 0036	Time Arrived (mil.) 0036	Time Completed (mil.)	Nature of Call (Report Type) ASSIST Assist Agency				
						Zone # 24	Telephone Handled 1. Yes 2. No 2			
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Wednesday	Date 05-08-2013	Time (mil.) 0036	TO	Day 0036	Date 0036	Time (mil.)	Occurred During: D - Day N - Night N
Offense #1 9	Type 7777777	Statute Violation Number ASSIST AGENCY	Description						A - Attempted C - Committed	
#2	Statute Violation Number	Description						A - Attempted C - Committed		

EVENT DATA

Incident Location (Street, Apt. Number)

900 BLK S DELAWARE AV

City

Zip

DELAND

32720

Business Name / Area Identifier		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 2. No	Arson-Inhabited 1. Occupied 2. Unoccupied	3. Abandoned	Arson-Attempted 1. Yes 2. No
Location Type 27	Location Type Codes 01.Residence-Single 02.Apartment/Condo 03.Residence/Other 04.Hotel/Motel	05.Convenience Store 06.Gas Station 07.Liquor Sales 08.Bar/Nightclub	09.Supermarket 10.Dept/Discount Store 11.Specialty Store 12.Drug Store/Hospital	13.Bank/Financial Inst. 14.Commercial/Office Bldg. 15.Industrial/Mfg. 16.Storage 20.Religious Bldg.	17.Gov't/Public Bldg. 18.School/University 19.Jail/Prison 21.Airport 22.Bus/Rail Terminal 23.Construction Site 24.Other Structure	25.Parking Lot/Garage 26.Highway/Roadway 27.Park/Woodlands/Field 28.Lake/Waterway	29.Motor Vehicle 30.Other Mobile 88.Unknown 99.Other	

CODES

V/W Code V-Victim W-Witness R-Reporting Person	Victim/Subject Type N-Next of Kin O-Other L.E. Officer Adult	Address/Phone Type B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	Race W-White B-Black U-Unknown I-American Indian	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 1. City 2. County	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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Means of Attack F-Firearm K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.	Extent of Injury 00.N/A 01.Gunshot 02.Stabbed	03.Laceration 04.Unconscious 05.Poss.Broken Bones	06.Poss. Internal Injury 07.Loss of Teeth 08.Burns	09.Abrasions/Bruises 10.No Visible Injury 99.Other Serious Injury	Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse P-Parent C-Child	B-Sibling O-Other Family H-Co-Habitant	Z-Other
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VICTIM/WITNESS

Offense Indicator 1. #1 2. #2	V/W Code #	V. Type	Nature of Call (for Victim, if different from Incident)			Name (Last/Business) (First) (Middle)				
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Address (Street, Apt. Number) City State Zip Residence Phone

Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type

Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement

If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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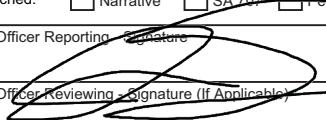
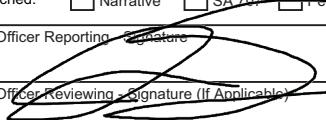
INCIDENT REPORT (CONT.)

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SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)			Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity	
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color		Maiden Name			
	Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School			Occupation			
	Last Known Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone		Phone Type		
	Other Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone		Phone Type		
	Driver's License State/Number				Social Security Number				Other ID Number				ID Type		
	Clothing (Describe) / / / / /				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)						
	Hair Length /Style / / /		Skin	Build	Facial Features		/	/	Speech/Voice	Deformity	/	/	Glasses		
	If Subject:	Demeanor /	Mask	Weapon Type	/	/	/	/	If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency			
	IF MISSING	Date of Last Contact		Date of Emancipation		Caution	Caution Reason			Personal Habits (Drugs / Alcohol)					
	May Be With:		Physical Condition:			Mental Condition:			Doctor Name:			Dentist Name:			
	Incident Type 1. Runaway 6. Disaster 2. Parents Victim 3. Involuntary 7. Voluntary 4. Disabled Adult 5. Endangered 8. Unknown				Foul Play Suspected?		Missing Before?		Fingerprints Available?		Photo Available?		Dental Record Available?		
	I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.														

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)			Code	#	Subj. Type	Name (Last) (First) (Middle)			Race	Sex	Ethnicity	
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	Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School			Occupation			
	Last Known Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone		Phone Type		
	Other Address (Street, Apt. Number)				City		State	Zip	Address Type		Phone		Phone Type		
	Driver's License State/Number				Social Security Number				Other ID Number				ID Type		
	Clothing (Describe) / / / / /				Scars/Marks/Tattoos (Type/Describe)				Scars/Marks/Tattoos (Type/Describe)						
	Hair Length /Style / / /		Skin	Build	Facial Features		/	/	Speech/Voice	Deformity	/	/	Glasses		
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NARRATIVE	<p>1 On 5/8/13 around 0036 hours, Deputy Szabo observed a gold color Toyota car bearing Florida license plate BKCR10 parked in the middle of the road near the intersection of Green Street and Parsons Avenue with all the doors open. As Deputy Szabo drove closer to the vehicle, he observed approximately five individuals inside the vehicle. All the individuals closed the doors and Deputy Szabo observed an unknown black male walking away from the vehicle. The vehicle drove past Deputy Szabo and he observed a black male driver not wearing his seat belt. Deputy Szabo activated his blue emergency lights and attempted a traffic stop. The vehicle continued northbound on Parsons Avenue and continued to drive at approximately 25 miles per hour, but did not stop. Deputy Szabo obeyed all traffic laws and activated his siren but the vehicle still did not stop.</p> <p>2 At that point, Deputy Szabo shut off his blue lights and sirens approximately half way between Green Street and West Beresford Avenue and notified central dispatch that the vehicle turned westbound onto West Beresford Avenue. It should be noted once Deputy Szabo realized the vehicle was not stopping he continued to obey all traffic laws and department policies. Deputy Szabo observed two Deland Police vehicles to be</p>														
	Final Case Status: 5	Final Case Status Codes:	1.Arrest/Adult	2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed	6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral				
	<input type="checkbox"/> DCF Hotline	Date: _____ Time: _____					<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____						
	<input type="checkbox"/> CAC	Spoke With: _____					<input type="checkbox"/> FCIC / NCIC Cancel								
	Connecting Report Number 130003117	Agency Deland PD	Additional Forms Attached:		<input type="checkbox"/> Narrative	<input type="checkbox"/> SA 707	<input type="checkbox"/> Persons	<input type="checkbox"/> Property	<input type="checkbox"/> Veh./Tow Sheet	<input type="checkbox"/> Other	Describe: _____				

ADMINISTRATIVE	Officer Reporting - Printed Szabo, John				Officer Reporting - Signature 				ID. Number 7955		Unit 1C26	Date 05-08-2013
	Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable) 				ID. Number		Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

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EVNT	Report Date 05-08-2013	Report Time 0036	Orig. Reported Date	Nature of Call (for Incident) ASSIST	Agency Report Number 130012483	1.Original 2.Supplement <u>1</u>
	<p>11 traveling on West Beresford Avenue and were right behind the vehicle when it turned onto West Beresford Avenue.</p> <p>12</p> <p>13 Officer Ferari (Deland Police Department) notified central dispatch that he was behind the vehicle headed westbound. A few moments later,</p> <p>14 Officer Ferari notified central dispatch that the driver was fleeing on foot in the 900 block of South Delaware Avenue and he needed rescue code</p> <p>15 three.</p> <p>16</p> <p>17 At that point, Deputy Szabo was on West Beresford Avenue approaching Delaware Avenue and responded to the scene with an emergency</p> <p>18 response, due to the information relayed by Officer Ferrari.. Deputy Szabo parked and ran approximately 150 feet towards the Deland Police</p> <p>19 vehicle that was parked near a fence towards the end of a grassy field. Deputy Szabo asked Officer Harris (Deland Police Department) what he</p> <p>20 needed rescue for and he said, "He's under my car."</p> <p>21</p> <p>22 At that point Sergeant Sawicki was notified. Deputy Szabo photographed the scene.</p> <p>23</p> <p>24 The scene was secured by the Deland Police Department and Deputy Szabo had no further involvements. (See Deland case # 130003117)</p> <p>25</p> <p>26 Case Status: Closed</p>					
NARRATIVE / CONTINUATION						

ADMINISTRATIVE	Final Case Status: <u>5</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Spoke With:	Date: _____ Time: _____ <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel		
	Connecting Report Number <u>130003117</u>	Agency <u>Deland PD</u>	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____		
	Officer Reporting - Printed <u>Szabo, John</u>	Officer Reporting - Signature 	ID. Number <u>7955</u>	Unit <u>1C26</u>	Date <u>05-08-2013</u>
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable) 	ID. Number	Unit	Date